

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

STERN CRAWFORD PC

By: Andrew J. Stern, Esquire
Elizabeth A. Crawford, Esquire
Michelle A. Paznokas, Esquire
Attorney I.D. No. 46510/313702/324794
Two Commerce Square
2001 Market Street
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Philadelphia, PA 19103
267-817-5727

Attorneys for Plaintiff

DENISE JEFFERSON, AS ADMINISTRATRIX
OF THE ESTATE OF MORRIS PAUL
JEFFERSON, DECEASED,
1436 W. Venango Street
Philadelphia, PA 19140

Plaintiff,

v.

SKY TRANS INC.
490 Regency Park Circle
Sacramento, CA 95835
And
GOURAV SINGH
5136 N. Marty Avenue, Apt. 101
Fresno, CA 93711
And
UDAY SINGH
5136 N. Marty Avenue, Apt. 101
Fresno, CA 93711

CIVIL ACTION NO.:

JURY TRIAL DEMANDED

Defendants

COMPLAINT

Plaintiff, Denise Jefferson, as the Administratrix of the Estate of Morris Paul Jefferson, Deceased, by and through her undersigned attorney, Stern Crawford PC, hereby files this Complaint and avers as follows:

PARTIES

1. Plaintiff, DENISE JEFFERSON, is an adult individual and citizen and resident of the Commonwealth of Pennsylvania, sister of Morris Paul Jefferson, Deceased, residing at 1436 W. Venango Street, Philadelphia, PA 19140.

2. Plaintiff, DENISE JEFFERSON, as the Administratrix of the Estate of Morris Paul Jefferson, Deceased (“Estate”), represents the Estate which was raised in Philadelphia, Pennsylvania on January 7, 2021, in connection with the death of Morris Paul Jefferson.

3. Upon information and belief, Defendant, SKY TRANS INC. (“Sky Trans”), is a corporation organized, operating, and existing under California law, with a business address of 490 Regency Park Circle, Sacramento, California 95835.

4. Upon information and belief, Defendant, GOURAV SINGH, is an adult individual, resident, and citizen of the state of California residing and/or employed at 5136 N. Marty Avenue, Apt. 101, Fresno, CA 93711.

5. Upon information and belief, Defendant, UDAY SINGH, is an adult individual, resident, and citizen of the state of California residing and/or employed at 5136 N. Marty Avenue, Apt. 101, Fresno, CA 93711.

6. At all relevant times, Defendants were the agents, brokers, servants, alter-egos, and/or instrumentalities of one another and acted and/or failed to act through their agents, brokers, servants, contractors, attorneys, and employees, each and all of whom were acting within the scope of their authority.

JURISDICTION AND VENUE

7. Federal diversity jurisdiction exists pursuant to 28 U.S.C. § 1332. Plaintiff is a citizen and resident of the Commonwealth of Pennsylvania. Defendant Sky Trans is a California corporation with its principal place of business in California. Defendant Gourav Singh is a citizen and resident of the State of California. Defendant Uday Singh is a citizen and resident of the State of California. Therefore, complete diversity of citizenship exists. The amount in controversy, exclusive of interest and costs, exceeds the sum or value of \$75,000.

8. Sky Trans is a company that owns commercial trucks and is responsible for its fleet of vehicles and for the drivers which it employs, even when it operates in states other than where the trucking company is located, as it is known that trucking companies will be traveling across state lines.

9. Venue is proper in this Court pursuant to 28 U.S.C. § 1391 because Defendant Sky Trans is subject to personal jurisdiction in accordance with 28 U.S.C. § 1391(c), where it is a trucking corporation engaged in interstate commerce in the entire United States and the location of the accident fortuitous, thus it reasonable for Sky Trans reasonably anticipate that it could be sued in the Commonwealth of Pennsylvania for tortious conduct involving one of its truck driving employees for negligent and reckless operation of its commercial vehicles.

GENERAL ALLEGATIONS

10. The preceding paragraphs of this Complaint are incorporated by reference as though fully set forth herein.

11. On or about February 21, 2020, Morris Jefferson, a healthy 64-year-old army veteran, was operating his motor vehicle, traveling eastbound on Interstate 40 in Carson County, Borger, Texas.

12. Mr. Jefferson was in Texas on vacation and was planning on driving from Texas back to Pennsylvania.

13. At the same time, Defendant Gourav Singh was driving a silver semi-trailer truck owned, operated, and/or dispatched by Defendant Sky Trans. This motor vehicle was being driven by Gourav Singh as a permissive user of the owner, operator, and/or dispatcher and/or as the agent, servant, and/or employee of the owner, operator, and/or dispatcher.

14. At all times relevant to the current action, Defendant Uday Singh was a passenger in the semi-trailer truck driven by Defendant Gourav Singh.

15. Defendants Gourav and Uday Singh were traveling westbound on Interstate 40 when Defendant Gourav Singh veered off the westbound highway.

16. The semi-trailer truck driven by Defendant Gourav Singh improperly crossed the center median of Interstate 40 and violently struck Morris Jefferson's 2019 Jeep Grand Cherokee.

17. The police report documenting the crash describes this action, stating: "For an unknown reason the driver of [the semi-trailer truck] veered off the roadway, crossing the center median and colliding with [Morris Jefferson's vehicle]" *See Police Report*, attached hereto as Exhibit "A," at 2.

18. The police report documenting the crash notes that the crash was entirely the fault of the defendant driver, now identified as Defendant Gourav Singh, stating: "I formed an opinion as the investigator that the driver of [the semi-trailer truck] had failed to drive in its single lane, which resulted in one fatality." *See id.*

19. As a result of the collision, Morris Jefferson was crushed inside his totaled vehicle, endured substantial conscious pain and suffering, and ultimately died from severe traumatic injuries.

20. The death and economic and non-economic damages and losses suffered by Morris Jefferson were caused exclusively by the negligence of Defendants and their agents, servants, and employees, including Gourav Singh and Uday Singh, individually, jointly, and severally, and were not caused or contributed to by any act or failure to act on the part of Morris Jefferson.

21. The negligence, carelessness, and recklessness of all Defendants, individually, jointly, and severally, directly and proximately caused Morris Jefferson to suffer emotional distress and fear; conscious pain and suffering; and loss of enjoyment of life and life's pleasures.

COUNT I - NEGLIGENCE
Plaintiff v. All Defendants

22. The preceding paragraphs of this Complaint are incorporated by reference as though fully set forth herein.

23. Defendants, SKY TRANS INC., GOURAV SINGH, and UDAY SINGH, did so negligently, carelessly, and/or recklessly own, operate, and/or maintain the aforesaid motor vehicle so as to cause it to collide with the vehicle occupied by Morris Jefferson.

24. The negligence, carelessness, and recklessness of Defendants consist of, *inter alia*, the following:

- a. failing to maintain Sky Trans' semi-trailer truck under proper and adequate control at or near the time of the accident;
- b. negligently, carelessly, and recklessly striking Morris Jefferson's vehicle at a high rate of speed;
- c. failing to maintain a proper lookout;
- d. failing to timely maneuver Sky Trans' semi-trailer truck so as to avoid striking Morris Jefferson's vehicle;
- e. failing to timely observe Morris Jefferson's vehicle;
- f. causing the collision with Morris Jefferson;
- g. failing to observe the traffic then and there existing;
- h. failing to operate the semi-trailer truck in such a manner so as to avoid the aforesaid occurrence;
- i. acting in a negligent, careless, and reckless manner;
- j. failing to exercise due care under the circumstances so as to create an unreasonable harm to Morris Jefferson; and

k. negligently, recklessly, and/or carelessly causing and/or increasing the risk of harm as set forth in this Complaint.

25. As a direct and proximate result of the negligence, carelessness, and recklessness of Defendants, Morris Jefferson was killed.

26. As a direct and proximate result of the negligence, carelessness, and recklessness of Defendants, Morris Jefferson suffered severe conscious pain and suffering.

27. As a direct and proximate result of the negligence, carelessness, and recklessness of Defendants, Morris Jefferson has been deprived and will continue to be deprived of the future ordinary pleasures of life.

28. As a direct and proximate result of the negligence, carelessness, and recklessness of Defendants, Morris Jefferson suffered lost wages and lost earning capacity.

WHEREFORE, Plaintiff Denise Jefferson demands judgment against Defendants for all damages allowed by law, including punitive and compensatory damages, interest, and cost of suit.

**COUNT II – GROSS NEGLIGENCE, RECKLESSNESS, AND
OUTRAGEOUS CONDUCT**
Estate of Morris Jefferson, Deceased v. All Defendants

29. The preceding paragraphs of this Complaint are incorporated by reference as though fully set forth herein.

30. Defendant SKY TRANS INC. is a licensed and accredited trucking corporation, and as such, Sky Trans and its agents, servants, workers, and/or employees, including GOURAV SINGH and UDAY SINGH, owe a duty to operate their semi-trailer trucks in a safe manner so as to avoid colliding with the vehicles of and/or injuring other drivers on public roads.

31. At all times relevant hereto, Defendants knew or should have known the following actions and/or omissions would create a high degree of risk of physical harm to other drivers, yet deliberately proceeded to act in indifference to that risk:

- a. recklessly failing to maintain Sky Trans' semi-trailer truck under proper and adequate control at or near the time of the accident;
- b. recklessly failing to maintain a proper lookout;
- c. recklessly failing to timely maneuver Sky Trans' semi-trailer truck so as to avoid striking another vehicle;
- d. recklessly failing to observe the traffic then and there existing;
- e. recklessly failing to operate the vehicle in such a manner so as to avoid colliding with another vehicle;
- f. recklessly acting in a grossly negligent or reckless manner;
- g. recklessly failing to exercise due care under the circumstances so as to create an unreasonable harm to other drivers; and
- h. negligently, recklessly, and/or carelessly causing and/or increasing the risk of harm as set forth in this Complaint.

32. In the alternative, Defendants had reason to know of such facts, but did not appreciate the high degree of risk, as would a reasonable individual in their position.

33. The injuries sustained by Morris Jefferson were caused by the gross negligence, recklessness, and/or outrageous conduct of Defendants, SKY TRANS INC., GOURAV SINGH, and UDAY SINGH, acting by and through their agents, servants, workers, and/or employees, and were in no way caused or contributed to by any act or failure to act on the part of Morris Jefferson.

34. Defendants' conduct, as described above, was so outrageous as to demonstrate a reckless disregard of the safety and health of other drivers on public roads.

35. By conducting themselves as set forth above, Defendants' actions and/or omissions were a substantial factor, a factual cause, and/or increased the risk of harm to Morris Jefferson.

36. As a direct and proximate result of this gross negligence, recklessness, and outrageous conduct of Defendants, Morris Jefferson died.

37. As a direct and proximate result of this gross negligence, recklessness, and outrageous conduct of Defendants, Morris Jefferson suffered severe conscious pain and suffering.

38. As a direct and proximate result of this gross negligence, recklessness, and outrageous conduct of Defendants, Morris Jefferson has been deprived and will continue to be deprived of the future ordinary pleasures of life.

39. As a direct and proximate result of this gross negligence, recklessness, and outrageous conduct of Defendants, Morris Jefferson suffered lost wages and lost earning capacity.

WHEREFORE, Plaintiff Denise Jefferson demands judgment against Defendants for all damages allowed by law, including punitive and compensatory damages, interest, and cost of suit.

COUNT III – WRONGFUL DEATH
Estate of Morris Jefferson, Deceased v. All Defendants

40. The preceding paragraphs of this Complaint are incorporated by reference as though fully set forth herein.

41. As a direct and proximate result of Defendants' aforementioned conduct, Morris Jefferson suffered fatal injuries and died.

42. Plaintiff, as the Administratrix of the Estate of Morris Paul Jefferson, deceased, files this Wrongful Death Action pursuant to 231 Pa. Code § 2202 and on behalf of beneficiaries Denise Jefferson (DOB: 08/12/1953), Gregory Jefferson (DOB: 03/12/1957), Kevin Jefferson (DOB: 07/10/1958), Sidney Jefferson (DOB: 05/26/1951), and Barbara Jefferson (DOB: 06/29/1959), for all damages allowed by law and bring all claims and damages available in the wrongful death statute and supporting case law.

WHEREFORE, Plaintiff Denise Jefferson demands judgment against Defendants for all damages allowed by law, including punitive and compensatory damages, interest, and cost of suit.

COUNT IV – SURVIVAL ACTION
Estate of Morris Jefferson, Deceased v. All Defendants

43. The preceding paragraphs of this Complaint are incorporated by reference as though fully set forth herein.

44. As a direct and proximate result of Defendants' aforementioned conduct, Morris Jefferson suffered fatal injuries and significant pain and suffering, as well as other aforementioned damages, and died.

45. As the Administratrix of the Estate of Morris Paul Jefferson, deceased, Plaintiff Denise Jefferson brings this action on behalf of the Estate of Morris Jefferson, deceased, in accordance with the survival statute 42 Pa.C.S.A. § 8302, for all damages allowed by law.

WHEREFORE, Plaintiff Denise Jefferson respectfully requests judgment in her favor and against Defendants, including punitive and compensatory damages, interest, cost of suit, and such other relief as this Honorable Court may deem appropriate and just.

DEMAND FOR A JURY TRIAL

Plaintiff hereby demands a jury trial as to all issues so triable as a matter of right, pursuant to F.R.C.P. 38(b)(1) and 38(c).

Respectfully Submitted,

STERN CRAWFORD, PC

By: *Andrew J. Stern*
Andrew J. Stern, Esquire
Elizabeth A. Crawford, Esquire
Michelle A. Paznokas, Esquire
Attorneys for Plaintiffs

Dated: 4/30/2021

CERTIFICATION

Andrew J. Stern, Esquire, hereby verifies that the facts set forth in the foregoing Complaint are true and correct to the best of his knowledge, information, and belief. I am aware that if any of the foregoing statements made are willfully false, I am subject to punishment.



ANDREW J. STERN

Dated: 4/30/2021

EXHIBIT “A”



For Customer Support refer to the appropriate platform below:

OrderPoint
800-934-9698
Orderpoint.support@lexisnexis.com

Accurint for Insurance
866-277-8407
Accurint.support@lexisnexis.com

Lexis.com
Law Firm accounts
800-543-6862

PAGE COUNT: 5

CLIENT : 5795
DIVISION : 0830
ADJUSTER : N0121199
CLAIM : 042071733-6

TRANSACTION # : 993043412
DATE : 03/20/2020

DATE OF LOSS : 02/21/2020 TIME OF LOSS : 04:00 PM
STREET :
CITY : BORGER
COUNTY : HUTCHINSON
STATE : TX

INVESTIGATING AGENCY : TX HP
REPORT NUMBER : 17601753
REPORT TYPE : Auto Accident
PARTY 1 : MORRIS JEFFERSON
PARTY 2 :
PARTY 3 :

CAR : MAKE : YEAR :
TAG :

DRIVER LICENSE : 24415960
ADDITIONAL INFO :
MOTOR VEHICLE ACCIDENT INVOLVING FATALITY

NOTE :



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02 / 21 / 2020			*Crash Time (24HRMM) 1 6 1 5			Case ID						Local Use													
	*County Name CARSON						*City Name												<input checked="" type="checkbox"/> Outside City Limit							
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						Latitude (decimal degrees) 3 5 * 2 0 7 2 2						Longitude (decimal degrees) 1 0 1 * 2 4 7 3 1													
	ROAD ON WHICH CRASH OCCURRED																									
	*1 Rdwy. IH Sys.		*Hwy. 40 Num.		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 75		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.														
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																									
	At <input type="checkbox"/> Yes 1 Rdwy. Sys.			Hwy. Num.		2. Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix												
	At <input checked="" type="checkbox"/> No			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker 105		Street Desc.		RRX Num.														
	Unit Num. 1	5 Unit Desc. 1	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State CA	LP Num. XP64056		VIN	3	A	K	J	G	L	D	R	2	H	D	H	T	2	2	0	4	
Veh. Year 2 0 1 7	6. Veh. Color TAN	Veh. Make FREIGHTLINER				Veh. Model UNKNOWN				7 Body Style TT				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type 2	DL/ID State CA	DL/ID Num. Y7848717		9 DL Class 98	10 CDL End. 96		11 DL Rest. 98	DOB (MM/DD/YYYY) 0 3 / 1 0 / 1 9 9 3																		
Address (Street, City, State, ZIP) 5274 N VALENTINE AVE FRESNO, CA 93650																										
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
1	1	1	SINGH, GOURAV										B	26	I	1	1	1	97	97	N	96	96	97	97	97
2	2	13	SINGH, UDAY										B	24	I	1	2	97	97	97	N					
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																										
<input checked="" type="checkbox"/> Owner	Owner/Lessee																									
<input type="checkbox"/> Lessee	Name & Address SKY TRANS INC, 490 REGENCY PARK CIR SACRAMENTO, CA 95835																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Fin. Resp. Name United Specialty		Fin. Resp. Num. GWP5215300																						
Fin. Resp. Phone Num. (595) 842-5000					27 Vehicle Damage Rating 1 1 2 - F D - 5					27 Vehicle Damage Rating 2 - - -					Vehicle <input checked="" type="checkbox"/> Yes Inventoried <input type="checkbox"/> No											
Towed By T&H TOWING SERVICES					Towed To 301 W. FRONT ST GROOM, TX 79039																					
Unit Num. 2	5 Unit Desc. 6	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run	LP State CA	LP Num. 4PR9298		VIN	5	2	7	S	R	5	3	2	6	H	I	0	0	9	1	2	1		
Veh. Year 2 0 1 7	6. Veh. Color SII	Veh. Make VANGUARD NATIONAL TRAILER				Veh. Model UNKNOWN				7 Body Style TL				<input type="checkbox"/> Pol., Fire, EMS on Emergency (Explain in Narrative if checked)												
8 DL/ID Type	DL/ID State	DL/ID Num.		9 DL Class	10 CDL End.		11 DL Rest.	DOB (MM/DD/YYYY)		/	/															
Address (Street, City, State, ZIP)																										
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.																										
<input checked="" type="checkbox"/> Owner	Owner/Lessee																									
<input type="checkbox"/> Lessee	Name & Address SKY TRANS INC, 490 REGENCY PARK CIR SACRAMENTO, CA 95835																									
Proof of <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. Fin. Resp. <input type="checkbox"/> No <input type="checkbox"/> Exempt	26 Fin. Fin. Resp. Name United Specialty		Fin. Resp. Num. GWP5215300																						
Fin. Resp. Phone Num. (595) 842-5000					27 Vehicle Damage Rating 1 3 - R & T - 4					27 Vehicle Damage Rating 2 - - -					Vehicle <input checked="" type="checkbox"/> Yes Inventoried <input type="checkbox"/> No											
Towed By T&H TOWING					Towed To 301 W. FRONT ST GROOM, TX 79039																					

Case 2:21-cv-02025-PD Document 1 Filed 05/03/21 Page 14 of 16

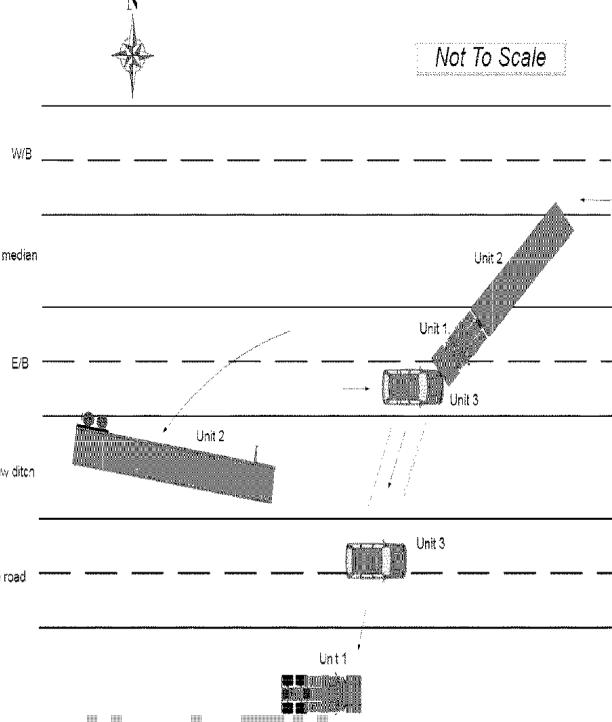
DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To	Taken By	Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	NORTHWEST TEXAS HOSPITAL	PANHANDLE EMS		
1	2	NORTHWEST TEXAS HOSPITAL	LIFE STAR			

CHARGES	Unit Num.	Prsn. Num.	Charge	Citation/Reference Num.
	1	1	CRIMINALLY NEGIGENT HOMICIDE	

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

CMV	Unit Num.	10,001+ LBS.	TRANSPORTING HAZARDOUS MATERIAL	9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper.	29 Carrier ID Type	Carrier ID Num.
CMV	1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	1	02948893
	Carrier's Corp. Name	SKY TRANS INC Primary Addr. 490 REGENCY PARK CIR SACRAMENTO, CA 95835							30 Veh. Type
	31 Bus Type	0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0 0	HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/>	32 HazMat Class Num.	HazMat ID Num.	33 Cargo Body Type
	Unit Num.	2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	4 0 0 0 0 0	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Unit Num.	<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	34 Trir. Type
	Sequence Of Events	35 Seq. 1 13	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions						
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control	
1	23			20					1	1	97	1	1	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)										Field Diagram - Not to Scale					
	Unit #1 was towing Unit #2, traveling west bound in the inside traffic lane on IH 40 in the vicinity of the 105 mile marker in Carson County. For an unknown reason the driver of Unit #1 veered off the roadway, crossing the center median and colliding with Unit #3 that was traveling eastbound in the outside lane. Unit #1 and Unit #2 disconnected upon impact with Unit #3. Unit #1 subsequently rolled over and came to rest upright facing east, south of the service road. Unit #2 final rest was on its right side facing southeast, south of the interstate. Unit #3 final rest was upright, facing east, on the south service road. Driver of Unit #3 was pronounced deceased on scene by JP Kathleen Barkley. Both the driver and occupant of Unit #1 were transported by Panhandle EMS and Life Star to the Northwest Texas Hospital for injuries sustained during the crash. Based on the evidence at the crash scene and follow up investigations, I formed an opinion as the investigator that the driver of Unit #1 had failed to drive in its single lane, which resulted in one fatality.										 <div style="border: 1px solid black; padding: 2px; text-align: center;">Not To Scale</div> 					

Copy from Custodial File

INVESTIGATOR	Time Notified (24HR:MM)	1 6 1 5	How Notified	AMARILLO COMMS.	Time Arrived (24HRMM)	1 6 2 6	Report Date (MM/DD/YYYY)	02/21/2020						
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)	CASTILLO, EDGAR			ID Num.	15288						
	ORI Num.		*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS					Service/Region/DA	H	P	5	B	0	3



Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 3 of 4

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 02 / 21 / 2020			*Crash Time (24HRMM) 1 6 1 5					Case ID						Local Use														
	*County Name CARSON										*City Name										<input checked="" type="checkbox"/> Outside City Limit								
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No										Latitude (decimal degrees) 3 5 * 2 0 7 2 2		Longitude (decimal degrees) 1 0 1 * 2 4 7 3 1																
	ROAD ON WHICH CRASH OCCURRED																												
	*1 Rdwy. IH Sys.		*Hwy. Num. 40		2 Rdwy. Part 1		Block Num.		3 Street Prefix		* Street Name		4 Street Suffix																
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot			<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit 75		Const. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.																	
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																												
	At <input type="checkbox"/> Yes 1 Rdwy. Sys.			Hwy. Num.		2. Rdwy. Part		Block Num.		3 Street Prefix		Street Name		4 Street Suffix															
	At <input checked="" type="checkbox"/> No																												
	Distance from Int. or Ref. Marker 0.5			<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker W		Reference Marker 105		Street Desc.		RRX Num.																	
Unit Num. 3		5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State PA		LP Num. KYK9991		VIN 1 C 4 R J F B G X K C 7 5 0 3 8 0																	
Veh. Year 2 0		6. Veh. 1 9		Veh. Color		Veh. Make JEEP		Veh. Model CHEROKEE		7 Body Style SV		Pol., Fire, EMS on Emergency (Explain in Narrative if checked)																	
8 DL/ID Type 2		DL/ID State PA		DL/ID Num. 24415960		9 DL Class 98		10 CDL End. T, P		11 DL Rest. 98		DOB (MM/DD/YYYY) 0 8 / 0 3 / 1 9 5 5																	
Address (Street, City, State, ZIP) 1710 N CROSKEY ST PHILADELPHIA, PA 19121																													
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
	1	1	1	JEFFERSON, MORRIS										K	64	B	1	1	1	2	97	N	96	96	97	97			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			Name & Address JEFFERSON, MORRIS, 1710 N CROSKEY ST PHILADELPHIA, PA 19121																										
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Fin. Fin. Resp. Name			Fin. Resp. Num.																										
<input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt																													
Fin. Resp. Name			Fin. Resp. Num.																										
Phone Num.			27 Vehicle Damage Rating 1 1 1 - F L - 5																		27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Towed By T&H TOWING SERVICES												Towed To 301 W. FRONT ST GROOM, TX 79039																	
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State		LP Num.		VIN																	
Veh. Year		6. Veh. Color		Veh. Make		Veh. Model		7 Body Style												Pol., Fire, EMS on Emergency (Explain in Narrative if checked)									
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																	
Address (Street, City, State, ZIP) 1710 N CROSKEY ST PHILADELPHIA, PA 19121																													
VEHICLE, DRIVER, & PERSONS	Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line										14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category		
	1	1	1	JEFFERSON, MORRIS										K	64	B	1	1	1	2	97	N	96	96	97	97			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Lessee			Name & Address JEFFERSON, MORRIS, 1710 N CROSKEY ST PHILADELPHIA, PA 19121																										
Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired <input type="checkbox"/> Fin. Fin. Resp. Name			Fin. Resp. Num.																										
<input checked="" type="checkbox"/> No <input type="checkbox"/> Exempt																													
Fin. Resp. Name			Fin. Resp. Num.																										
Phone Num.			27 Vehicle Damage Rating 1 1 1 - F L - 5																		27 Vehicle Damage Rating 2 - - -				Vehicle Inventoried <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Towed By												Towed To																	

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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To			Taken By			Date of Death (MM/DD/YYYY)		Time of Death (24HR:MM)									
	3	1	311 S. BIVINS ST AMARILLO, TX 79104			SHAFER MORTUARY SERVICES			0 2 / 2 1 / 2 0 2 0		1 6 1 5									
CHARGES	Unit Num.	Prsn. Num.	Charge								Citation/Reference Num.									
DAMAGE	Damaged Property Other Than Vehicles				Owner's Name				Owner's Address											
CMV	Unit Num.		<input type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	28 Veh. Oper.		29 Carrier ID Type		Carrier ID Num.							
	Carrier's Corp. Name				Carrier's Primary Addr.								30 Veh. Type							
	31 Bus Type		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> HazMat Released	<input type="checkbox"/> Yes <input type="checkbox"/> No	32 HazMat Class Num.		HazMat ID Num.		32 HazMat Class Num.		HazMat ID Num.		33 Cargo Body Type						
	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> 34 Trlr. Type	CMV Disabling Damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.		<input type="checkbox"/> RGVW <input type="checkbox"/> GVWR	<input type="checkbox"/> 34 Trlr. Type	CMV Disabling Damage?		<input type="checkbox"/> Yes <input type="checkbox"/> No						
	Sequence Of Events		35 Seq. 1		35 Seq. 2		35 Seq. 3		35 Seq. 4		Intermodal Shipping Container Permit		<input type="checkbox"/> Yes <input type="checkbox"/> No	Actual Gross Weight		Total Num. Axles				
	36 Contributing Factors (Investigator's Opinion)						37 Vehicle Defects (Investigator's Opinion)						Environmental and Roadway Conditions							
FACTORS & CONDITIONS	Unit #	Contributing			May Have Contrib.			Contributing			May Have Contrib.			38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)												Field Diagram - Not to Scale							
Copy from Custodial File																				
INVESTIGATOR	Time Notified (24HR:MM)					How Notified			AMARILLO COMMS.		Time Arrived (24HRMM)		Report Date (MM/DD/YYYY)		0 2 / 2 1 / 2 0 2 0					
	Invest. <input checked="" type="checkbox"/> Yes Comp. <input type="checkbox"/> No	Investigator Name (Printed) CASTILLO, EDGAR								ID Num. 15288										
	ORI Num.	*Agency DEPARTMENT OF PUBLIC SAFETY, STATE OF TEXAS								Service/Region/DA H P 5 B 0 3										